



CITY OF EDMONDS BUSINESS LICENSE APPLICATION – COMMERCIAL

FEE: \$125.00

CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION
121 5TH AVENUE NORTH, EDMONDS, WA 98020 PHONE 425.775.2525

- ☐ Building
- ☐ Engineering
- ☐ Fire
- ☐ Planning
- ☐ Police

OFFICE USE ONLY

BL#	Customer #	SIC	Year	Class	SHD	Date Paid	TR#	Fee	Mailed	Deleted
-----	------------	-----	------	-------	-----	-----------	-----	-----	--------	---------

INSTRUCTIONS: Please complete the application in full and attach the required floor plan. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes. License expires December 31st each year. Renewal must be submitted prior to January 31st to avoid late fees.

BUSINESS NAME _____

BUSINESS ADDRESS _____
Street Suite # City, State, Zip Code

MAILING ADDRESS _____
Street or PO Box # Suite # City, State, Zip Code

BUSINESS PHONE(_____) _____ WA STATE TAX ID # (UBI)

--

--

--

--

--

--

BUSINESS E-MAIL _____ BUSINESS WEBSITE _____

BUSINESS OWNER / MAIN CONTACT _____ (_____) _____
Name Phone Number

PROPERTY OWNER _____ (_____) _____
Name Phone Number

EMERGENCY NOTIFICATION (For Premise Access in Emergency):

Last Name First Name MI Phone Number

Last Name First Name MI Phone Number

NATURE OF BUSINESS (Provide a Detailed Description of Business Activities, Products & Services): _____

SPACE ALTERATIONS TO BE MADE: YES ____ NO ____ DESCRIPTION _____

PREVIOUS BUSINESS AT THIS ADDRESS _____

NUMBER OF EMPLOYEES _____ SQUARE FOOTAGE OF BUSINESS SPACE _____

TYPE OF BUSINESS – PLEASE CHECK APPROPRIATE CATEGORY:

- ☐ CONSTRUCTION
- ☐ FINANCE, INSURANCE, REAL ESTATE
- ☐ LANDSCAPE, HORTICULTURAL
- ☐ MANUFACTURING
- ☐ NON-PROFIT
- ☐ RETAIL
- ☐ SECONDHAND DEALER
- ☐ SERVICES
- ☐ WHOLESALE
- ☐ OTHER

PROPOSED OPENING DATE: _____

BUSINESS HOURS: _____

DAYS OPEN:

- ☐ SUNDAY ☐ WEDNESDAY
- ☐ MONDAY ☐ THURSDAY
- ☐ TUESDAY ☐ FRIDAY
- ☐ SATURDAY

AMUSEMENT DEVICES ON PREMISES? YES ____ NO ____ IF YES, TOTAL NUMBER _____ LIQUOR SOLD ON PREMISES? YES ____ NO ____

GAMBLING? YES ____ NO ____ CIGARETTES SOLD ON PREMISES? YES ____ NO ____

FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED? YES ____ NO ____ IF YES, PLEASE PROVIDE A LIST OF MATERIALS AND QUANTITIES: _____

PARKING SPACES ON SITE: TOTAL SPACES _____ ACCESSIBLE SPACES FOR HANDICAP PARKING _____

DOES THE BUSINESS CONTAIN AN ENTRANCE ACCESSIBLE TO PERSONS WITH DISABILITIES? YES ____ NO ____

APPLICANT

NAME _____
Printed Name Signature
TITLE _____ DATE _____

SOLE PROPRIETORSHIP

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE

HOME PHONE(_____) DRIVERS LICENSE OR ID # & STATE _____

DATE OF BIRTH _____ CITY/STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PARTNERSHIP – PARTNER 1

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE

HOME PHONE(_____) DRIVERS LICENSE OR ID # & STATE _____

DATE OF BIRTH _____ CITY/STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PARTNERSHIP – PARTNER 2

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE

HOME PHONE(_____) DRIVER'S LICENSE OR ID # & STATE _____

DATE OF BIRTH _____ CITY/STATE OF BIRTH _____ COUNTRY OF BIRTH _____

CORPORATION/ LLC or PLLC

NAME OF CORPORATION _____ FEDERAL TAX ID # _____

CORP. ADDRESS _____ (_____) _____
Street Suite, Apt. Unit # City, State and Zip Code Phone Number

CORPORATE OFFICERS:
Last Name First Name MI Title Date of Birth Driver's License or Other ID# / State

LOCAL CONTACT _____
Last Name First Name MI Title Date of Birth (_____) _____
Driver's License or Other ID# / State Phone Number

CITY USE ONLY:

BUILDING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

OCCUPANT LOAD _____ BUILDING PERMIT _____ OCCUPANCY GROUP _____

COMMENTS _____

ENGINEERING ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

FIRE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

U.F.I.R. _____

COMMENTS _____

PLANNING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

ZONING CODE _____ CONDITIONAL USE PERMIT _____ COMMENTS _____

POLICE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

COMMENTS _____